


DO NOT DISCLOSE! <input type="checkbox"/>				TRAFFIC ACCIDENT		04-018166	Page 1
Domestic Violence <input type="checkbox"/>						401-H-0	District: K-2
Reported: 1/18/2004	DOW Sun	Time: 20:12	Incident Type: ACCIDENT, INJURY		Initial FCR --	Court	Juvenile <input type="checkbox"/>
Occ Between: 1/18/2004	DOW Sun	Time: 20:12	And: 1/18/2004	DOW Sun	Time: 20:12	LocationName:	
Incident Location: AMBAUM BLVD SW / SW 122 ST				City:		State: WA	Zip

### VICTIMS, WITNESSES AND OTHER PERSONS SECTION

Association: <b>DRIVER</b>		Last, First Middle <b>BAKER, ROBERT L</b>				Interpreter Needed <input type="checkbox"/>		Phone Numbers: Home 206/684-2700	
Address <b>201 S JACKSON</b>				City <b>SEATTLE</b>		ST <b>WA</b>	Zip <b>98104</b>		
Sex <b>M</b>	Race	DOB (b)	Height	Weight	Hair	Glass'	Eyes	Facial Hair	
Scars, Marks & Tattoos			Clothing			Gang		Set	
Occupation		Employer		OLN (b)		ST <b>WA</b>	SSN	AFIS#:	

Association: <b>DRIVER</b>		Last, First Middle <b>LANUZATORRES, ARNULFO</b>				Interpreter Needed <input type="checkbox"/>		Phone Numbers: Home 206/923-1035	
Address <b>4200 30 AV SW #1</b>				City <b>SEATTLE</b>		ST <b>WA</b>	Zip <b>98126</b>		
Sex <b>M</b>	Race	DOB (b)	Height	Weight	Hair	Glass'	Eyes	Facial Hair	
Scars, Marks & Tattoos			Clothing			Gang		Set	
Occupation		Employer		OLN (b)		ST <b>WA</b>	SSN	AFIS#:	

Additional Alias': Last Name <b>LANUZA-TORRES</b>		First Name <b>ARNULFO</b>		MI *	Moniker
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### REVIEW

Date Submitted: 1/30/2004	Reporting Officer: 09357 Riehs, Ronald R	Disposition: INCIDENT REPORT - CITATION ISSUED/CHARGED BY INVE	
Date Time Reviewed: 1/23/2004 00:00	Reviewed By: 05595 Provenzo, Tony J.	CID Screener: 05595 Provenzo, Tony J.	Event Processing Status: <b>Filed</b>
Date Assigned	Investigator Assigned	Date Status Last Changed: <b>1/30/2004 8:50:50 A</b>	

☐ Aid Req
 ☐ Weapons
 ☐ Injury
 ☐ Alcohol
 ☐ Computer
 ☐ Dom Viol
 ☐ Drug
 ☐ Juvenile
 ☐ Gang

<b>DO NOT DISCLOSE!:</b> <input type="checkbox"/>		<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> </div> <div style="text-align: center;"> <h1 style="margin: 0;">TRAFFIC ACCIDENT</h1> </div> </div>										04-018166	Page 2
Domestic Violence <input type="checkbox"/>												401-H-0	District: K-2

Association: <b>R.O.</b>		Last, First Middle <b>KING COUNTY DOT TRANSIT DIVISION,</b>										Interpreter Needed <input type="checkbox"/>		Phone Numbers:	
Address <b>500 4 AV #653</b>						City <b>SEATTLE</b>				ST <b>WA</b>		Zip <b>98104</b>			
Sex	Race	DOB		Height	Weight	Hair	Glass'	Eyes	Facial Hair						
Scars, Marks & Tatoos				Clothing					Gang				Set		
Occupation		Employer				OLN			ST	SSN		AFIS#:			
Additional Alias': Last Name      First Name      MI      Moniker FLEET ADMINISTRATION      MOTOR POOL KING COUNTY DEPT OF PUBL KING COUNTY DEPT OF ROA KING COUNTY DOT KING COUNTY FLEET ADMIN SHERIFF'S OFFICE															

Association: <b>R.O.</b>		Last, First Middle <b>LANUZATORRES, IGNACIO</b>										Interpreter Needed <input type="checkbox"/>		Phone Numbers:	
Address <b>4200 30 AV SW #1</b>						City <b>SEATTLE</b>				ST <b>WA</b>		Zip <b>98126</b>			
Sex	Race	DOB		Height	Weight	Hair	Glass'	Eyes	Facial Hair						
Scars, Marks & Tatoos				Clothing					Gang				Set		
Occupation		Employer				OLN			ST	SSN		AFIS#:			
Additional Alias': Last Name      First Name      MI      Moniker LANUZA-TORRES      IGNACIO      *															

Association: <b>PASSENGER</b>		Last, First Middle <b>ALLEN, LATISHA A</b>										Interpreter Needed <input type="checkbox"/>		Phone Numbers: Home 206/674-0134	
Address <b>3131 S 192 #D305</b>						City <b>SEATAC</b>				ST <b>WA</b>		Zip <b>98188</b>			
Sex <b>F</b>	Race	DOB (b)		Height	Weight	Hair	Glass'	Eyes	Facial Hair						
Scars, Marks & Tatoos				Clothing					Gang				Set		
Occupation		Employer				OLN			ST	SSN		AFIS#:			

Association: <b>PASSENGER</b>		Last, First Middle <b>BARNES, DONOVAN J</b>										Interpreter Needed <input type="checkbox"/>		Phone Numbers: Home 206/568-5974	
Address <b>2101 E TERRACE ST</b>						City <b>SEATTLE</b>				ST <b>WA</b>		Zip <b>98122</b>			
Sex <b>M</b>	Race	DOB (b)		Height	Weight	Hair	Glass'	Eyes	Facial Hair						
Scars, Marks & Tatoos				Clothing					Gang				Set		
Occupation		Employer				OLN			ST	SSN		AFIS#:			

DO NOT DISCLOSE! <input type="checkbox"/>												<b>TRAFFIC ACCIDENT</b>		<b>04-018166</b>		Page 3	
Domestic Violence <input type="checkbox"/>												<b>401-H-0</b>		<b>District: K-2</b>			

Association: <b>PASSENGER</b>		Last, First Middle <b>CARLESON, RON</b>										Interpreter Needed <input type="checkbox"/>		Phone Numbers:				
Address <b>4509 INTERLAKE N</b>										City <b>SEATTLE</b>					ST <b>WA</b>		Zip	
Sex <b>M</b>	Race	DOB			Height	Weight	Hair	Glass'	Eyes	Facial Hair								
Scars, Marks & Tatoos					Clothing					Gang			Set					
Occupation				Employer				OLN			ST		SSN		AFIS#:			

Association: <b>PASSENGER</b>		Last, First Middle <b>DART, JOHN M</b>										Interpreter Needed <input type="checkbox"/>		Phone Numbers: Home 206/439-6772				
Address <b>1615 SW 110 #C</b>										City <b>SEATTLE</b>					ST <b>WA</b>		Zip <b>98146</b>	
Sex <b>M</b>	Race	DOB (b)			Height	Weight	Hair	Glass'	Eyes	Facial Hair								
Scars, Marks & Tatoos					Clothing					Gang			Set					
Occupation				Employer				OLN			ST		SSN		AFIS#:			

Association: <b>PASSENGER</b>		Last, First Middle <b>DELFINPENA, MOISES</b>										Interpreter Needed <input type="checkbox"/>		Phone Numbers: Home 206/380-3268				
Address <b>3000 E SPRUCE #4</b>										City <b>SEATTLE</b>					ST <b>WA</b>		Zip <b>98122</b>	
Sex <b>M</b>	Race	DOB			Height	Weight	Hair	Glass'	Eyes	Facial Hair								
Scars, Marks & Tatoos					Clothing					Gang			Set					
Occupation				Employer				OLN			ST		SSN		AFIS#:			

Association: <b>PASSENGER</b>		Last, First Middle <b>MORALES, MARIA A</b>										Interpreter Needed <input type="checkbox"/>		Phone Numbers: Home 206/242-0189				
Address <b>3042 S 190</b>										City <b>SEATAC</b>					ST <b>WA</b>		Zip <b>98188</b>	
Sex <b>F</b>	Race	DOB (b)			Height	Weight	Hair	Glass'	Eyes	Facial Hair								
Scars, Marks & Tatoos					Clothing					Gang			Set					
Occupation				Employer				OLN			ST		SSN		AFIS#:			

Additional Alias': Last Name		First Name		MI		Moniker	
<b>MORALES</b>		<b>ANGELICA</b>					

<b>DO NOT DISCLOSE!:</b> <input type="checkbox"/>		<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> </div> <div style="text-align: center;"> <h2 style="margin: 0;">TRAFFIC ACCIDENT</h2> </div> </div>										04-018166	Page 4
Domestic Violence <input type="checkbox"/>												401-H-0	District: K-2

<b>Association:</b> <b>PASSENGER</b>		Last, First Middle <b>PANTOJASOTO, BALTAZAR</b>										Interpreter Needed <input type="checkbox"/>		Phone Numbers: Home 206/954-8584				
Address <b>2318 2 AV #239</b>										City <b>SEATTLE</b>					ST <b>WA</b>		Zip <b>98121</b>	
Sex <b>M</b>	Race	DOB (b)		Height	Weight	Hair	Glass'	Eyes	Facial Hair									
Scars, Marks & Tatoos					Clothing					Gang				Set				
Occupation				Employer				OLN				ST		SSN		AFIS#:		

<b>Association:</b> <b>PASSENGER</b>		Last, First Middle <b>ROBINSON, WENDY L</b>										Interpreter Needed <input type="checkbox"/>		Phone Numbers:				
Address										City					ST		Zip	
Sex <b>F</b>	Race	DOB (b)		Height	Weight	Hair	Glass'	Eyes	Facial Hair									
Scars, Marks & Tatoos					Clothing					Gang				Set				
Occupation				Employer				OLN				ST		SSN		AFIS#:		


<b>Association:</b> <b>PASSENGER</b>		Last, First Middle <b>STEWART, TANZANIA S</b>										Interpreter Needed <input type="checkbox"/>		Phone Numbers:				
Address										City					ST		Zip	
Sex <b>F</b>	Race	DOB (b)		Height	Weight	Hair	Glass'	Eyes	Facial Hair									
Scars, Marks & Tatoos					Clothing					Gang				Set				
Occupation				Employer				OLN				ST		SSN		AFIS#:		

<b>Association:</b> <b>PASSENGER</b>		Last, First Middle <b>WARD, DANIEL P</b>										Interpreter Needed <input type="checkbox"/>		Phone Numbers:				
Address <b>9407 35 AV SW</b>										City <b>SEATTLE</b>					ST <b>WA</b>		Zip <b>98106</b>	
Sex <b>M</b>	Race	DOB (b)		Height	Weight	Hair	Glass'	Eyes	Facial Hair									
Scars, Marks & Tatoos <b>ACNE SCARS TO FACE</b>					Clothing					Gang				Set				
Occupation				Employer				OLN				ST		SSN		AFIS#:		

Additional Alias': Last Name		First Name		MI		Moniker	
WARD		BENJIMAN		ANDREW			

DO NOT DISCLOSE! <input type="checkbox"/>				TRAFFIC ACCIDENT		04-018166	Page 5
Domestic Violence <input type="checkbox"/>						401-H-0	District: K-2
Association: <b>PASSENGER</b>		Last, First Middle <b>WASHINGTON, RICHARD RW</b>			Interpreter Needed <input type="checkbox"/>	Phone Numbers: Home 206/723-2066	
Address <b>3308 WETMORE AV S</b>		City <b>SEATTLE</b>		ST <b>WA</b>	Zip <b>98144</b>		
Sex <b>M</b>	Race	DOB <b>(b)</b>	Height	Weight	Hair	Glass'	Eyes
Scars, Marks & Tatoos			Clothing			Gang	
Occupation		Employer		OLN	ST	SSN	AFIS#:


## VEHICLE SECTION

### COLLISION Vehicle

Vehicle Association <b>COLLISION</b>	License <b>A96771N</b>	State <b>WA</b>	Year <b>1992</b>	Make <b>NISSAN</b>	Model <b>PU</b>	Style <b>TRUCK</b>	Color
Features					VIN <b>(b)</b>		
Registered Owner Name <b>LANUZATORRES, IGNACIO</b>				Registered Owner Address <b>4200 30 AV SW #1 SEATTLE, WA</b>			
Legal Owner Name ,				Legal Owner Address ,			
Vehicle Disposition (If towed, list towing company, address) <b>BURIEN TOWING</b>			Hold <b>No</b>	ReasonForHold			
Stolen Vehicle <input type="checkbox"/>		DivorceInProgress <input type="checkbox"/>	PaymentsOverdue <input type="checkbox"/>	KeysInIgnition <input type="checkbox"/>	EstimatedValue	Radio Notified Clerk	Date
<input type="checkbox"/> HDBComplaint		<input type="checkbox"/> DoorsUnlocked					Time
Recovered Vehicle Condition (damage, items stripped, etc.)			Other Agency/Case Number		Owner Notified By	Date	Time

### COLLISION Vehicle

Vehicle Association <b>COLLISION</b>	License <b>48872C</b>	State <b>WA</b>	Year <b>1998</b>	Make <b>GILLI</b>	Model <b>BUS</b>	Style	Color
Features					VIN <b>(b)</b>		
Registered Owner Name <b>KING COUNTY DOT TRANSIT DIVISION,</b>				Registered Owner Address <b>500 4 AV #653 SEATTLE, WA</b>			
Legal Owner Name ,				Legal Owner Address ,			
Vehicle Disposition (If towed, list towing company, address)			Hold <b>No</b>	ReasonForHold			
Stolen Vehicle <input type="checkbox"/>		DivorceInProgress <input type="checkbox"/>	PaymentsOverdue <input type="checkbox"/>	KeysInIgnition <input type="checkbox"/>	EstimatedValue	Radio Notified Clerk	Date
<input type="checkbox"/> HDBComplaint		<input type="checkbox"/> DoorsUnlocked					Time
Recovered Vehicle Condition (damage, items stripped, etc.)			Other Agency/Case Number		Owner Notified By	Date	Time

DO NOT DISCLOSE! <input type="checkbox"/>		TRAFFIC ACCIDENT	04-018166	Page 6
Domestic Violence <input type="checkbox"/>			401-H-0	District: K-2
<b>MO</b>				

Suspect Trademarks:

Instrument:

Entry Point:

Entry Method:

PremisesType	Locked <input type="checkbox"/>	Occupied <input type="checkbox"/>	Total Property Cost:
<input type="checkbox"/> Aid Req <input type="checkbox"/> Weapons <input type="checkbox"/> Injury <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/> Dom Viol <input type="checkbox"/> Drug <input type="checkbox"/> Juvenile <input type="checkbox"/> Gang			

**Narrative:**

## Certification

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date and Place: \_\_\_\_\_ Signature/Agency: \_\_\_\_\_

**END OF REPORT**





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

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1591971

REPORT NO. 1351471

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INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input checked="" type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>

04018166									
40140	K2								
02									

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES						
01-18-2004	2012	17	03						

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>							
AMBAUM	BLVD	SW							

DISTANCE	MILES	FEET	OF (REFERENCE OR CROSS STREET)						
50.00			SW 122 ST						

DAMAGE THRESHOLD MET	PHONE								
	206-923-1035								

LANUZA-TORRES									
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ARNULFO									
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4200	30	AVE	SW	#1					
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SEATTLE									
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WA	98126								
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(b)	WA	M	(b)						
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ON DUTY <input type="checkbox"/>	1	9	1	1					
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(b)	WA	1	(b)						
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VEH. YEAR	MAKE	MODEL	STYLE	TOWED BY					
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1992	NISSAN	PU	TRUCK	BURDEN TOW					
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REGISTERED OWNER INFO									
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LANUZA-TORRES, IGNACIO	(SAME ADDRESS)								
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LIABILITY INSURANCE IN EFFECT	INSURANCE CO & POLICY #								
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE						
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CRO6989BU/ES08080DBU	DUI / FAILURE TO CONTROL								
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DAMAGE THRESHOLD MET	PHONE								
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206-684-2700									
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BAKER									
-------	--	--	--	--	--	--	--	--	--

ROBERT									
--------	--	--	--	--	--	--	--	--	--

201	S	JACKSON							
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SEATTLE									
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WA	98104								
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(b)	WA	M	(b)						
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ON DUTY <input checked="" type="checkbox"/>	1	9	1	1					
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(b)	WA	(b)							
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VEH. YEAR	MAKE	MODEL	STYLE	TOWED BY					
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1998	GILLI	BUS							
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REGISTERED OWNER INFO									
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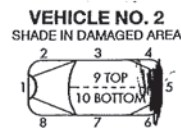
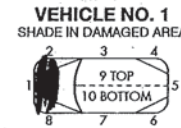
KC DOT 500 4 AVE #653, SEATTLE WA 98104									
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LIABILITY INSURANCE IN EFFECT	INSURANCE CO & POLICY #								
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VEHICLE LEGALLY STANDING	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE						
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY							
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RIEHS, RONALD	09357	RC50							
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION ☐

REPORT NO.

1351471

04018166

WARD DANIEL P

ADDRESS & PHONE #

9407-35 AV. SW. SEATTLE, WA 98106

M

(b)



02

07

1

1

1

-

7

NATURE OF INJURIES

NECK/BACK

CARLESON RON

ADDRESS & PHONE #

4509-INTERLAKE N. SEATTLE WA.

M



02

11

1

1

1

7

NATURE OF INJURIES

NECK/BACK

PANTOJASOTO BALTAZAR

ADDRESS & PHONE #

2318-2 AV #239 SEATTLE WA. 206/954-8584

M

(b)



02

10

1

1

1

1

NATURE OF INJURIES

NONE

DELFINPENA MOISES

ADDRESS & PHONE #

3000-E SPRUCE #4 SEATTLE, WA. 206/380-3268

M

(b)



02

10

1

1

1

1

NATURE OF INJURIES

NONE

INDICATE NORTH  
BY ARROW



PASSENGER - PANTOJASOTO - SEATED MIDDLE LEFT IN BUS.  
PASSENGER DELFINPENA - SEATED MIDDLE RIGHT IN BUS.  
WARD AND CARLESON TRANSPORTED FROM SCENE TO  
HOSPITAL FOR EVALUATION.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

1-23-01





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION ☐

REPORT NO.

1351471

04018166

ROBINSON WRNDY L

ADDRESS & PHONE #

UNKNOWN

F

(b)



02

10

1

1

1

1

1

NATURE OF INJURIES

NONE

BARNES DONOVAN J

ADDRESS & PHONE #

2101-E TERRACE SEATTLE WA. 206/568-5974

M

(b)



02

10

1

1

1

1

1

NATURE OF INJURIES

NONE.

STEWART TANZANIA S

ADDRESS & PHONE #

UNKNOWN

F

(b)



02

10

1

1

1

1

1

NATURE OF INJURIES

NONE

WASHINGTON RICHARD RW

ADDRESS & PHONE #

3308-WETMORE S. SEATTLE WA. 206/723-2066

M

(b)



02

10

1

1

1

1

1

NATURE OF INJURIES

NONE

INDICATE NORTH  
BY ARROW



PASSENGERS ROBINSON AND STEWART ARE GRAND MOTHER AND GRAND DAUGHTER  
THEY RECENTLY MOVED AND DO NOT KNOW ANY ADDRESS CURRENT OR  
FORMER. THEY HAVE NO PHONE. BOTH WERE SEATED IN REAR OF  
BUS.

PASSENGER BARNES WAS SEATED IN REAR OF BUS.

PASSENGER WASHINGTON WAS SEATED IN REAR OF BUS. SAID BUS  
WAS STOPPED AND VEH#1 STRUCK REAR OF BUS.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

1-23-04





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

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1591972

CORRECTION ☐

REPORT NO.

1351471

04018166

ADDRESS & PHONE #



01

03

9

9

1

6

NATURE OF INJURIES

CUTS TO HEAD

ADDRESS & PHONE #

UNKNOWN



02

11

1

1

1

7

NATURE OF INJURIES

LEG PAIN

ADDRESS & PHONE #

UNKNOWN



NATURE OF INJURIES

ADDRESS & PHONE #



NATURE OF INJURIES

INDICATE NORTH  
BY ARROW



AMPAUM BLDG SW

BUS STOP

SW 122 ST

BUS

1

ON 1-18-04 AT 2010 HOURS, UNIT 2 WAS STOPPED AT SW 122 ST / AMPAUM BLDG SW  
LOADING / UNLOADING PASSENGERS. UNIT 1 FAILED TO STOP AND REAR-ENDED UNIT 2.  
DEPUTY BONNAR INITIALLY RESPONDED AND OBSERVED LANUZA-TORRES IN THE DRIVER'S SEAT.  
BONNAR TOLD ME THAT HE SMELLED A STRONG OOR OF INTOXICANTS ON LANUZA-TORRES'S  
BREATH. UNIT 1 PASSENGER SUFFERED CUTS TO HIS HEAD FROM THE WINDSHIELD. UNKNOWN  
PASSENGER NAME ON UNIT 2 COMPLAINED OF LEG PAIN. AID RESPONDED AND TREATED  
THE INJURED.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE

2K17  
UNIT OR DIST. DET

1-18-04  
DATED

SEATTLE  
PLACE SIGNED

APPROVED BY

DATE

1-23-04

07357

WAKC50000

2012

2017

Exhibit 509 DUI Report

PAGE

05

OF

05

<b>DO NOT DISCLOSE!:</b> <input type="checkbox"/>		<b>SHERIFF</b> <b>KING COUNTY</b>		<b>TICKET</b>		<b>04-018166</b>		Page 1	
DomesticViolence <input type="checkbox"/>						<b>404-H-0</b>		<b>District: N-1</b>	
Reported: <b>01/18/04</b>	DOW <b>Sun</b>	Time: <b>20:10</b>	Incident Type: <b>DUI</b>			Initial FCR <b>--</b>	Court <b>Burien Muni</b>		Juvenile <input type="checkbox"/>
Occ Between: <b>01/18/04</b>	DOW <b>Sun</b>	Time: <b>20:05</b>	And: <b>01/18/04</b>	DOW <b>Sun</b>	Time: <b>20:05</b>	LocationName:			
Incident Location: <b>SW 122 ST / AMBAUM BLVD SW</b>					City: <b>BURIEN</b>		State: <b>WA</b>	Zip <b>98168</b>	

**SUSPECTS/ARRESTED PERSONS SECTION**


Association: <b>ARRESTED</b>		Last, First Middle <b>LANUZA-TORRES, IGNACIO</b>				Interpreter Needed <input type="checkbox"/>	Booked <input type="checkbox"/>	Citation # <b>CR06989BU</b>	Co-Defendant #
Address				City		ST <b>WA</b>	Zip	Phone Numbers:	
Sex	Race	DOB	Height	Weight	Hair	Glass'	Eyes	Facial Hair	
Scars, Marks & Tatoos			Clothing			Gang		Set	
Occupation		Employer		OLN		ST	SSN	AFIS#:	
Charges Codes:						RCW( or Local Ord) Code - Description			Counts:
404-M		DUI		<b>46.61.502 - DUI</b>					<b>1</b>
424-M		DRIVING WHILE LICENSE REVOKED/SUSPENDED		<b>46.20.342.3 - DWLS/3</b>					<b>1</b>

**VEHICLE SECTION**

<b>SUSPECT Vehicle</b>							
Vehicle Association <b>SUSPECT</b>	License <b>A96771N</b>	State <b>WA</b>	Year <b>1992</b>	Make <b>NISSAN</b>	Model <b>TRUCK</b>	Style <b>2DR</b>	Color <b>GRY</b>
Features					VIN <b>(b)</b>		
Registered Owner Name <b>LANUZA-TORRES, ARNULFO</b>				Registered Owner Address <b>4200 30 AV SW #1 SEATTLE, WA</b>			
Legal Owner Name <b>LANUZA-TORRES, ARNULFO</b>				Legal Owner Address <b>4200 30 AV SW #1 SEATTLE, WA</b>			
Vehicle Disposition (If towed, list towing company, address)			Hold <b>No</b>	ReasonForHold			
Stolen Vehicle <input type="checkbox"/>	DivorceInProgress <input type="checkbox"/>	PaymentsOverdue <input type="checkbox"/>	KeysInIgnition <input type="checkbox"/>	EstimatedValue	Radio Notified Clerk	Date	Time
<input type="checkbox"/> HDBComplaint		<input type="checkbox"/> DoorsUnlocked					
Recovered Vehicle Condition (damage, items stripped, etc.)			Other Agency/Case Number		Owner Notified By	Date	Time

**REVIEW**

DateSubmitted:	Reporting Officer: <b>07822 Bonnar, Brian J.</b>	Disposition: <b>INCIDENT REPORT - CITATION ISSUED/CHARGED BY INVE</b>	
DateTimeReviewed:	ReviewedBy:	CIDScreeener	Event Processing Status: <b>Completed</b>
DateAssigned	InvestigatorAssigned		Date Status Last Changed <b>01/18/04 10:36:42 P</b>
<input checked="" type="checkbox"/> Aid Req <input type="checkbox"/> Weapons <input checked="" type="checkbox"/> Injury <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/> Dom Viol <input type="checkbox"/> Drug <input type="checkbox"/> Juvenile <input type="checkbox"/> Gang			

DO NOT DISCLOSE! <input type="checkbox"/>		TICKET	04-018166	Page 2
Domestic Violence <input type="checkbox"/>			404-H-0	District: N-1

**PROPERTY SECTION**

Status <b>EVIDENCE</b>	Article <b>BLOOD VIALS</b>	Brand	Model	Serial #
Qty <b>2</b>	Unit of Meas: <b>EACH</b>	Description <b>GRAY-TOP BLOOD VIALS</b>		Value

**MO**

Suspect Trademarks:

Instrument:

Entry Point:

Entry Method:

PremisesType	Locked <input type="checkbox"/>	Occupied <input type="checkbox"/>	Total Property Cost: <b>\$0.00</b>
<input checked="" type="checkbox"/> Aid Req <input type="checkbox"/> Weapons <input checked="" type="checkbox"/> Injury <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/> Dom Viol <input type="checkbox"/> Drug <input type="checkbox"/> Juvenile <input type="checkbox"/> Gang			

**Narrative:****Additional Attachments/Reports Associated with this Incident/Follow-up Report:**

A-102 Master Evidence Report

Sunday 01/18/04

Active

## Certification

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date and Place: \_\_\_\_\_ Signature/Agency: \_\_\_\_\_

**END OF REPORT**